

# Autism Services Division

## Autism Training

### Mini Grant Application



Name of Agency: \_\_\_\_\_

\*Payment will be written to named agency\*

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Describe the Autism training efforts you have planned:

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Date(s), Time(s) and Location(s) of Event(s):

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\$ Amount of Request: (Maximum Amount \$1,500): \_\_\_\_\_

My agency agrees to comply with the following: (please initial)

\_\_\_\_\_ Provide a platform to:

- Provide autism training efforts in the community in which we reside
- Laud those contributions of treatment and service providers
- Encourage beneficial public policy

\_\_\_\_\_ Promote the event in the community (Grantees should identify the Department of Human Services (DHS) as a sponsor by including the DHS Logo in all outreach materials and should provide a copy of proposed outreach materials (i.e. poster, flyer, etc.).

\_\_\_\_\_ Submit a report to the Autism Services Division within 30 days of the event. (Events must be completed by June 30, 2015, and **event reports are due by July 31, 2015.**)

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date